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PTO/SB/21(08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 09/617,858

Filing Date JULY 17, 2000

First Named Inventor O'REGAN ET AL.

Group Art Unit 2814

Examiner Name W. LOUIE

Total Number of Pages in This Submission

Attorney Docket Number UA0026 US NA

ENCLOSURES (check all that apply)

☒ Fee Transmittal Form

☐ Fee Attached

☒ Amendment / Response

☐ After Final

☐ Affidavits/declaration(s)

☒ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Response to Missing Parts/ Incomplete Application

☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

☐ Assignment Papers (for an Application)

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a Provisional Application

☐ Power of Attorney, Revocation Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s)

☐ After Allowance Communication to Group

☐ Appeal Communication to Board of Appeals and Interferences

☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☐ Other Enclosure(s) (please identify below):

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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name

CHEN WANG

Signature

Date

9/26/2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelop addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: September 26, 2002

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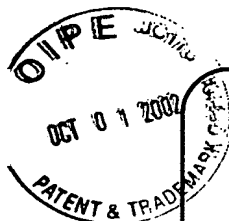
DIANE M. DICK

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Date

September 26, 2002

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 110

Complete if Known	
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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																																																									
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